## VIRGINIA BEACH DEPARTMENT OF PUBLIC HEALTH OFFICE OF ENVIRONMENTAL HEALTH SERVICES 4452 CORPORATION LANE, SUITE 224 VIRGINIA BEACH, VA 23462 (757) 518-2646

## APPLICATION FOR TATTOO PARLOR/BODY PIERCING ESTABLISHMENT

NOTE: This is not a permit to operate. Submit this application and required fees (see below). Please allow 3 to 5 working days when calling for an inspection. Application is hereby made for a permit to operate a Tattoo Parlor / Body Piercing establishment. Name of Establishment: Date: Address: \_\_\_\_\_\_City State Zip Telephone: \_\_\_\_\_\_ If located in shopping center, name of shopping center: \_\_\_\_\_ New Shop ( ) Existing ( ) Former Name: \_\_\_\_\_ Days of Week \_\_\_\_\_ Hours of Day \_\_\_\_\_ Operation: Source of Water \_\_\_\_\_ Source of Sewage Disposal \_\_\_\_\_ Operation includes: Tattooing \_\_\_\_\_ Body Piercing \_\_\_\_ Other \_\_\_\_ As a condition for issuance of a Health Department permit, the following has been read and understood: 1. I understand there is a fee of \$1200.00 per year (prorated) which must accompany this application. If not paid by expiration date, a 10% late fee will be added. 2. I will read and be familiar with the ordinances, laws, orders, rules and regulations, etc. governing Tattooing and Body Piercing in the City of Virginia Beach. 3. I will abide by the conditions of such ordinances, laws, orders, rules and regulations. I will freely permit any authorized agent of the Virginia Beach Department of Public Health 4. to inspect the premises under my control and at such time, will allow samples to be taken therefrom as may be necessary. Health Department permits are not transferable. The Virginia Beach Department of Public 5. Health must be contacted in case of change in name, ownership or location. Signature PLEASE PRINT CLEARLY: Corporation Name: Owner: Home Address: \_\_ State Home Phone: Name of Operator/Manager: \_\_\_\_\_

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Rev 12/09

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HD USE ONLY:

Permit #